



POISONINGS

PRIORITIES

1. Assure the safety of EMS personnel.
2. Assure and maintain ABCs.
3. Determine degree of physiological distress.
4. Obtain vital signs, history and complete physical assessment including the substance ingested, the amount, the time substance was ingested and the route.
5. Bring ingested substance to the hospital with patient.
6. Expeditious transport.

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Altered level of consciousness.
2. Signs and symptoms of substance ingestion, inhalation, injection or surface absorption.
3. History of substance poisoning.

BLS INTERVENTIONS

1. Assure and maintain ABCs.
2. Place patient on high flow oxygen as clinically indicated.
3. Contact poison control (1-800-222-1222).
4. Obtain accurate history of incident:
 - a. Name of product or substance.
 - b. Quantity ingested, and/or duration of exposure.
 - c. Time elapsed since exposure.

- d. Pertinent medical history, chronic illness, and/or medical problems within the last twenty-four (24) hours.
- e. Patient medication history.
5. Monitor vital signs.
6. Expeditious transport.

LIMITED ALS (LALS) INTERVENTIONS PRIOR TO BASE STATION CONTACT

1. Assure and maintain ABCs.
2. Oxygen therapy as clinically indicated, obtain oxygen saturation on room air, unless detrimental to patient condition.
3. Obtain vascular access at a TKO rate or if signs of inadequate tissue perfusion, administer 500cc fluid challenge and repeat until perfusion improves.
4. For pediatric patients with signs of inadequate tissue perfusion give 20cc/kg IVP and repeat until perfusion improves.

ALS INTERVENTIONS PRIOR TO BASE STATION CONTACT

1. Assure and maintain ABC's.
2. Oxygen therapy as clinically indicated, obtain oxygen saturation on room air, unless detrimental to patient condition.
3. Monitor cardiac status.
4. Obtain vascular access at a TKO rate or if signs of inadequate tissue perfusion, administer 500cc fluid challenge and repeat until perfusion improves.
5. For pediatric patients with signs of inadequate tissue perfusion, give 20 cc/kg IVP and repeat until perfusion improves.
6. For phenothiazine "poisoning", administer Diphenhydramine 25 mg IVP or 50 mg IM for ataxia and/or muscle spasms.
7. For known organophosphate poisoning, give Atropine 2 mg IVP, repeat at 2 mg increments if patient remains symptomatic (i.e., excessive salivation, lacrimation, urination, diarrhea, vomiting and/or constricted pupils).

BASE STATION MAY ORDER THE FOLLOWING

- 1.* For tricyclic poisonings, administer Sodium Bicarbonate 1 mEq/kg IVP for tachycardia, widening QRS or ventricular arrhythmias.
- 2.* For calcium channel blocker poisonings, administer Calcium Chloride 1gm (10 cc of a 10% solution), if hypotension or bradycardic arrhythmias persist.
- 3.* For beta blocker poisonings, administer Glucagon 1 mg IVP.
- 4.* Repeat Atropine in 2 - 4 mg increments until symptoms are controlled.

* May be done during radio communication failure (RCF).